COLORADO
Department of Health Care
Policy & Financing

At a Glance
November 26, 2014

Contents

Breaking News

New Colorado.gov/PEAK logo
A new look has been created to represent PEAK as Colorado's online service to screen and apply for medical, food, and cash assistance and early childhood programs. The new look of Colorado.gov/PEAK was launched on Nov. 9 and included a new logo and color scheme. Moving forward, all **new** collateral must contain the new trademarked PEAK logo. Please note that documents created prior to the logo launch **do not** need to be updated retroactively. **Guidance on the new PEAK logo and images for download is available at tinyurl.com/peakoutreach.**

New Department Logo

We are pleased to announce our Department's new look and feel. Effective November 1st, we began using a new logo on all Department materials.

By the end of this year, all state agencies will transition the look and feel of their Departments' official emblems to a shield that aligns with brandCOLORADO standards. brandCOLORADO has worked with Departments to refresh the look of state agencies and create a brand that embodies our state's upward momentum. The green Colorado peak logo is intended to represent the state's world-famous mountains as well as Colorado's continued ascension in any number of categories, including health care.

HCPF's new shield sits inverted next to the green Colorado logo. This shield will be used on all new materials and will replace the circle seal that has been used on Department documents, marketing materials, and our Department's website. Please note that documents created prior to the shield launch do not need to be updated retroactively.

The HCPF shield aligns with those of our partner agencies CDHS and CDPHE. Through visual alignment, the shield now expresses our most important message at HCPF: We serve people. Additionally, our primary Department color of blue with a purple accent, which HCPF employees helped choose—can be seen on the shield.

Department News
We are pleased to announce that Gretchen Hammer will join the Department as Medicaid Director effective January 5, 2015. In her new role she will oversee the Department's Health Programs Office. Ms. Hammer was Executive Director of the Colorado Coalition for the Medically Underserved (CCMU) and served as past Chair and Member of the Board of Directors for Connect for Health Colorado. Prior to her work at CCMU, Ms. Hammer was a private consultant focused on leadership development, complex systems change initiatives, strategic planning, program management and constituent engagement for numerous public serving organizations.

Transition to the CMS 1500 Claim Form
Currently, Colorado Medicaid providers submit professional claims electronically or via the Colorado 1500 (CO-1500) paper claim form. Effective December 1, 2014, the CO-1500 paper claim form will be replaced by the current CMS 1500 paper claim form [OMB-0938-1-1197 Form 1500 (rev. 02-12)].

For further information, refer to the Frequently Asked Questions available on the Provider Implementations web page of the Department's website.

Coding Changes to Primary Care Depression Screening Benefit

Effective January 1, 2015, fee for service primary care providers are required to bill the following codes to receive payment for Medicaid client depression screenings done for dates of service on, or after January 1, 2015: G8431 (positive screening) or G8510 (negative screening).

Additional ICD-9 diagnosis coding is required, but selection of that code/s resides with the provider. This is a total change from the previous billing requirements noted in the Department's August 2014 and March 2014 Provider Bulletins. **CPT Code 99420 will not be accepted for dates of service on, or after January 1, 2015.**

The Department continues to encourage screening of new mothers for postpartum depression in settings where providers see infants as part of a well-baby visit. In such cases, providers bill for the new mom's depression screening service using the Medicaid ID of the infant. The billing codes for a postpartum depression screenings are also G8431 (positive screening) or G8510 (negative screening). If a behavioral health need is identified after screening, the pediatric provider must assist with referring the mother to a Behavioral Health Organization (BHO), or Regional Care Collaborative Organization (RCCO) provider.

Please note: One client depression screening is billable per year. Postpartum depression screening counts as an annual depression screening. Providers must use a standardized, validated depression screening tool. Please review the online Healthy Living Addressing Depression in Primary Care Tool Kit.

For more information, contact Jerry Ware.

CDASS Financial Management Systems Transition Documents

Effective January 1, 2015, CDASS clients will have a choice between three Financial Management Service (FMS) vendors, listed below, and two employer models: Agency with Choice (AwC) and Fiscal/Employer Agent (F/EA). More information and documents related to the transition are on the website.

The three FMS contractors are as follows:

Morning Star Financial Services
www.morningstarfs.com

Northeast Pennsylvania Center for Independent Living
dba ACES$ Financial Management Services:
www.MyCIL.org

Public Partnerships, LLC
www.publicpartnerships.com

For more information, contact Kelly Jepson.

Providers: We Need You to Update Your Contact Information

The Department is asking all providers to verify and/or update their contact information in the Medicaid Management Information System (MMIS) as soon as possible.

With the expansion of Medicaid benefits, Colorado has many new members looking for a health care provider. Updating provider information in the MMIS is **critically important** as the information provided (address and phone number in particular) are used in the Department's Find a Provider web search. **Please be reminded that it is the responsibility of each provider to update their contact information contained in the MMIS.**

Keeping the information updated also assures that payments and communication are sent timely and appropriately.

Updating the information in the Colorado Medical Assistance Web Portal (Web Portal) via the (MMIS) Provider Data Maintenance option is the easiest and most efficient method to keep information current. However, submission of a Provider Enrollment Update form is necessary for providers who do not have the capability to make updates through the Web Portal.

For more information, contact the Department's fiscal agent at 1-800-237-0757.

Increase Enrollment

New Resources for Partners Available

The Department has published numerous new resources for eligibility sites and individuals helping Coloradans through the health coverage application process. The following resources are just a sample of what can be found on Colorado.gov/HCPF/ACAResources under the Tools section:

- **Medicaid, CHP+ and Connect for Health Colorado Side by Side Monthly Maximum Income Guidelines** Effective April 1, 2014 – Side by side income comparison for Medicaid, CHP+ and Connect for Health Colorado.
- **Where to Go for More Information** – Desk guide for where to go for more information regarding the application process, PEAK, trainings, Connect for Health CO and more.
- **Medical Assistance Case Assignment Flowchart** Effective November 9, 2014 – Flowchart that explains who owns what type of case following the launch of the shared application and eligibility process on November 9.

Changes Coming in January to 5% Income Disregard

As part of the Affordable Care Act, an income disregard in the amount equal to five percent (5%) of the Federal Poverty Level (FPL) was established. Currently, the 5% income disregard is automatically applied to all Modified Adjusted Gross Income (MAGI) populations for the purposes of determining eligibility for Medicaid and Child Health Plan *Plus* (CHP+). Beginning January 1, 2015, the Department will implement rule changes issued by Centers for Medicare and Medicaid Services (CMS) to the manner in which the 5% income disregard is applied to individuals applying for Medicaid and CHP+.

The 5% income disregard will be applied when countable income exceeds the FPL for MAGI populations under Medicaid or CHP+. The 5% income disregard is **not** applied to every MAGI eligibility determination and will be applied as a last step in determining eligibility when an individual exceeds the income limit, but is within the income standard if the 5% income disregard were applied.

For more information on this change taking effect January 1, 2015, please see the FAQs on Colorado.gov/HCPF/ACAResources > Fact Sheets & Frequently Asked Questions.

PEAK Resources and Trainings

PEAK resources and training information is now available on the PEAK Outreach Initiative's Outreach and Training site.

The site hosts a variety of outreach and training resources for community partners, including:
- Important PEAK announcements and news
- PEAK View newsletters
- Live webinar and training calendar
- PEAK On-Demand recorded webinars
- PEAK User Guides
- PEAK support call schedule
- PEAK logo usage guidelines and files

The PEAK Outreach Team will continue to distribute the PEAK View newsletter on a monthly basis, but you will also be able to stay up-to-date on PEAK happenings and resource materials through the PEAK Outreach & Training site.

For more information, contact PEAKOutreach@bouldercounty.org.

Open Enrollment Communications Webinar

The Department of Health Care Policy and Financing, Division of Insurance and Connect for Health Colorado have recorded and posted a new joint communications webinar.

The webinar discusses how community partners can talk about the 2015 open enrollment period. The webinar also provides an overview of the consumer geared resources available to partners.

The new recorded webinar can be found here under Presentations. You can also download slides by clicking here.

You can submit your questions following the webinar to: ACAImplementation@hcpf.state.co.us.

Improve Health Outcomes

Rocky Mountain Health Plans' ACC Prime Enrolls Clients

In July 2014, the Department launched the Accountable Care Collaborative (ACC) payment reform pilot program, Rocky Mountain Health Plans' (RMHP) Medicaid Prime.

The Department started enrolling clients using a phased approach. The first clients were sent enrollment notices in July, for an effective date of September 1, 2014. RMHP Prime will serve an estimated 27,500 clients in a six-county region (Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco counties), focusing on the adult Medicaid population and children who qualify for Medicaid based upon disability status.

Over the next few months, all current RMHP Medicaid clients will be transitioned into either RMHP Prime or the ACC, based on their eligibility and county. **The current RMHP managed care program will no longer be available to clients starting November 1, 2014.**

For more information, contact [Chavanne Lamb](#).

Testing Experience and Functional Tools Grant

On April 14, 2014 the Centers for Medicare and Medicaid Services (CMS) awarded the Department funding to work on the Testing Experience and Functional Tools (TEFT) grant in Colorado.

The TEFT grant focuses on creating a system for electronic records for the Long-Term Services and Supports (LTSS) population that would be accessed through a Personal Health Record (PHR), while also aiding in the development of national standards for interoperability for the LTSS population. The TEFT grant improves the coordination and quality of care in the LTSS System through development of a single, unified care and service plan that can be widely shared. Access to Long-term Services and Supports will be streamlined and simplified. The Department will continue its work with the TEFT grant over the next four years.

For more information, contact [John Barry](#).

Dental Health Care for Low-Income Seniors Grant and Stakeholder Opportunities

The Colorado Dental Health Care Program for Low-Income Seniors promotes the health and welfare of Colorado's low-income seniors by providing access to dental care to individuals age 60 and over who are not eligible for dental services under any other dental health care program, such as Medicaid.

This program will provide grants throughout the state to certain organizations that meet application criteria developed under the guidance of the Senior Dental Advisory Committee (DAC). For more information on DAC, the organizations that could potentially receive these grants, and the work to date that the DAC has completed please visit the Department's [website](#).

Also, the DAC still has a seat open for a Colorado senior! If you, or someone you know, is a senior who is eligible for services under this program and would like to have the opportunity voice your opinions and concerns for the dental care of Colorado seniors, now is your opportunity.

For more information please contact, [Chandra Vital](#).

New Federal Provider Screening Regulations: Stakeholder Comments Sought

New federal regulations established by the Centers for Medicare and Medicaid Services (CMS) require enhanced screening and re-validation of providers enrolling with Colorado Medicaid. These regulations are designed to reduce the potential for Medicaid fraud, waste, and abuse. Most providers will see very little change in their enrollment process but some may be required to undergo additional screening before they can be enrolled or re-enrolled in Medicaid.

The Department is seeking feedback from providers and other stakeholders on a draft rule that will implement these federal regulations. The Department has limited flexibility in implementing

the new federal regulations, but is seeking feedback in a few key areas where the federal government has granted some flexibility.

More information, including a copy of the draft rule and instructions for submitting comments, can be found on the Department's website under the "Federal Provider Screening Regulations." **Stakeholders may submit comments through December 1st.**

For more information, contact providerscreeningcomments@state.co.us.

Colorado Cross-Agency Collaborative

The Colorado Departments of Human Services, Public Health and Environment, and Health Care Policy and Financing partnered to form the Colorado Cross-Agency Collaborative. The Collaborative was created as part of Governor Hickenlooper's efforts to make Colorado the Healthiest State in the Nation. The Collaborative will produce a series of focused quarterly reports using metrics from the state agencies that focus on health issues in Colorado. The first report in the series from the Colorado Cross-Agency Collaborative will focus on behavioral health. This first report lays out the goals, objectives and baseline data for behavioral health in Colorado. Through this initiative the Collaborative will identify targets and areas of need for future interventions that will improve the behavioral health outcomes for Coloradans.

For more information, contact Christian Koltonski.

Substance Use Disorder Benefit Coverage

The Department has opened a 45 day public comment period regarding the proposed Substance Use Disorder Fee-for-Service (SUD FFS) Benefit Coverage Standard. During this time, the public is welcome to read the standard and to submit recommended changes.

Comments may be addressed to:
Kimberley Smith
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203
or emailed to: BenefitsCollaborative@state.co.us

All comments received by December 13, 2014 will be reviewed by the Department to assist in the determination of what changes to incorporate into the document.

Screening Medicaid Clients for Depression

Colorado Medicaid covers depression screenings for individuals age 11 and older, using a standardized, validated depression screening tool. Providers may not bill for more than one screening per client per fiscal year.

HealthTeamWorks notes in their online Depression in Adults: Diagnosis & Treatment Guideline Supplement that the PHQ2/PHQ-9 "can be effectively used to screen for depression with adolescents, adults, and seniors." The Department would like to note that a PHQ-2 depression screening tool may be used for Medicaid clients with no previous history of depression in the past and if a client answers yes to either PHQ-2 question then a full PHQ-9 needs to be completed (use a PHQ-9 for clients with a history of depression). The Department pays for one

client depression screening a year so providers using a PHQ-2 and PHQ-9 screening in the same year for the same client will only receive payment for one depression screening.

For services provided before January 1, 2015, please reference the August 2014 and March 2014 Provider Bulletins for additional information on billing for these services and the online Healthy Living Addressing Depression in Primary Care Tool Kit for referral information.

For more information, contact Jerry Ware.

Dental Program Updates

Adult Dental Program Benefits – Rules and Regulations Update
The Department is planning on taking the Adult Dental Services rule to Medical Services Board (MSB) hearing on January 9, 2015 to make policy revisions to the rule based on the provider and stakeholder feedback that has been received since the new adult dental benefit was implemented in July 2014.

The Department will share a draft copy of the proposed changes to this rule language for stakeholder feedback and input at the Public Rule Review meeting on Monday, December 22, 2014 at 9:00 a.m. at 225 E. 16th Avenue in the 1st floor conference room, Denver, Colorado 80203.

Dental Services for Presumptive Eligible Children
Presumptive Eligibility (PE) is temporary coverage of medical benefits until eligibility for Medicaid Program is determined. The Department would like to assure the dental provider community and our Members that Presumptive Eligible Medicaid child clients do qualify for access to dental services under the Children's Dental Program, as mandated by the federal Early Periodic Screening, Diagnosis and Testing (EPSDT) program. Providers can contact DentaQuest Provider Services at 1-855-225-1731 with any questions about resubmitting claims for services rendered to presumptive eligible children.

More information is available on the Department's Provider Bulletins and on the Department's Provider News and Implementations web page.

Benefit Administration Transition to DentaQuest
As the Department's dental Administrative Services Organization (ASO) for the State, DentaQuest is responsible for managing the Medicaid adult and children's dental benefit programs.

Medicaid members can reach DentaQuest's Member Services at 1-855-225-1729 (TTY 711), Monday – Friday between 7:30am – 5:00pm Mountain Time or visit their website at www.DentaQuest.com for assistance with your Medicaid dental questions.

Providers can contact DentaQuest's Provider Services at 1-855-225-1731 (TTY 711) if they need assistance or they can visit DentaQuest's Providers website.

Contain Costs

Accountable Care Collaborative Update

The Accountable Care Collaborative (ACC) Program represents a committed effort to transform the Medicaid program into a system of better care for all its members, and to lower costs for the State of Colorado.

Estimated ACC enrollment as of November 1, 2014 was 731,118.

Medical Services Board

Public Rule Review Opportunities

Partners who are interested in a one-on-one discussion with Department staff about upcoming rules are invited to attend the Department's Public Rule Review Meeting. Information is available on the Public Rule Review Meetings web page. Reasonable accommodations for the meetings are provided upon request for persons with disabilities.

If you would like more information, or to be added to the Medical Services Board email distribution list, please contact Judi Carey.

Employment Opportunities

Applying for state government jobs is easy. Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the minimum qualifications. Check out the website for State of Colorado jobs including the Department of Health Care Policy and Financing jobs.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time. The Department is a tobacco-free campus.

Enrollment

In October 2014, there were 1,120,120 Coloradans enrolled in Medicaid and 52,673 Coloradans enrolled in CHP+.

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